Fill	in this information to ident	ify your case:		
Un	ited States Bankruptcy Court	for the:		
ΕA	STERN DISTRICT OF OKLA	НОМА		
Ca	se number (if known)		Chapter <b>9</b>	
				Check if this an amended filing
V(	ore space is needed, attach	on for Non-Individuna a separate sheet to this form. On the te document, Instructions for Bankru	top of any additional pages, write th	e debtor's name and case number (if known).
1.	Debtor's name	Pushmataha County - City of Ar	tlers Hospital Authority	
2.	All other names debtor used in the last 8 years			
	Include any assumed names, trade names and doing business as names			
3.	Debtor's federal Employer Identification Number (EIN)	45-0608064		
4.	Debtor's address	Principal place of business	Mailing addr business	ess, if different from principal place of
		510 East Main Street Antlers, OK 74523		
		Number, Street, City, State & ZIP Code	P.O. Box, Nui	mber, Street, City, State & ZIP Code
		Pushmataha County	Location of place of busi	orincipal assets, if different from principal iness
			Number, Stre	et, City, State & ZIP Code
5.	Debtor's website (URL)	www.pushhospital.com		
6.	Type of debtor	☐ Corporation (including Limited Liab	ility Company (LLC) and Limited Liabili	ty Partnership (LLP))

☐ Partnership (excluding LLP)

Other. Specify:

Municipality

Debtor

Pushmataha County - City of Antlers Hospital Authority Case number (if known)

7.	Describe debtor's business	A. Chec	k one:						
		<ul><li>■ Health Care Business (as defined in 11 U.S.C. § 101(27A))</li><li>□ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))</li></ul>							
		☐ Railı	road (as de	efined	in 11 U.S.C. § 101(44)	)			
		☐ Stoc	kbroker (a	s defir	ned in 11 U.S.C. § 101	(53A))			
		☐ Com	nmodity Bro	oker (a	as defined in 11 U.S.C.	§ 101(6))			
		☐ Clea	aring Bank	(as de	fined in 11 U.S.C. § 78	31(3))			
		_	e of the ab	,	•	· //			
		_	k all that a						
		Tax-exempt entity (as described in 26 U.S.C. §501)							
		_						s defined in 15 U.S.C. §80a	a-3)
		☐ Inve	stment adv	visor (a	as defined in 15 U.S.C	. §80b-2(a)(11))	1		
					an Industry Classificati			t describes debtor.	
8.	Under which chapter of the	Check o	one:						
٠.	Bankruptcy Code is the debtor filing?	□ Chapter 7							
		■ Chapter 9							
		☐ Chapter 11. Check all that apply:							
		L Ona	pici i i. Oi	_		oncontingent lig	uidated debts (ex	cluding debts owed to insi	ders or affiliates)
				_				nt on 4/01/19 and every 3	
					business debtor, attac	ch the most rece al income tax re	ent balance shee	U.S.C. § 101(51D). If the t, statement of operations, se documents do not exist	cash-flow
					A plan is being filed w	vith this petition.			
					Acceptances of the pl accordance with 11 U			n one or more classes of c	reditors, in
					Exchange Commission	on according to a cary Petition for N	§ 13 or 15(d) of the	nple, 10K and 10Q) with the ne Securities Exchange Ac illing for Bankruptcy under	t of 1934. File the
					The debtor is a shell of	company as def	fined in the Secur	ities Exchange Act of 1934	1 Rule 12b-2.
		☐ Cha	pter 12						
9.	Were prior bankruptcy								
٠.	cases filed by or against	■ No.							
	the debtor within the last 8 years?	☐ Yes.							
	If more than 2 cases, attach a separate list.		District			When		Case number	
	·		District			When		Case number	
10.	Are any bankruptcy cases pending or being filed by a	■ No							
	business partner or an	☐ Yes.							
	affiliate of the debtor?								
	List all cases. If more than 1, attach a separate list		Debtor					Relationship	
			District			When	(	Case number, if known	

Deb		ty - Cit	y of Antlers Hospital Auth	ority Case number (if known	D)				
	Name								
11.	Why is the case filed in	Check	c all that apply:						
	this district?			ncipal place of business, or principal assets on or for a longer part of such 180 days than					
			A bankruptcy case concerning	debtor's affiliate, general partner, or partners	ship is pending in this district.				
12	Does the debtor own or								
	have possession of any real property or personal property that needs	■ No □ Yes. Answer below for each propert		perty that needs immediate attention. Attach	additional sheets if needed.				
	immediate attention?		Why does the property ne	eed immediate attention? (Check all that ap	oply.)				
			☐ It poses or is alleged to p	$\square$ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.					
			What is the hazard?						
			☐ It needs to be physically	☐ It needs to be physically secured or protected from the weather.					
				ods or assets that could quickly deteriorate on s, meat, dairy, produce, or securities-related					
			☐ Other		, ,				
			Where is the property?						
				Number, Street, City, State & ZIP Code					
			Is the property insured?						
			□ No						
			☐ Yes. Insurance agency	У					
			Contact name						
			Phone						
	Statistical and admin	istrativ	e information						
13.			Check one:						
	available funds		Funds will be available for	distribution to unsecured creditors.					
			☐ After any administrative ex	penses are paid, no funds will be available to	o unsecured creditors.				
				F					
14.	Estimated number of	□ 1-4	19	□ 1,000-5,000	<b>1</b> 25,001-50,000				
	creditors	□ 50-	-99	<b>5001-10,000</b>	<b>5</b> 0,001-100,000				
		<b>1</b> 00	0-199	□ 10,001-25,000	☐ More than100,000				
		<b>2</b> 00	0-999						
15.	Estimated Assets	<b>\$</b> 0	- \$50,000	☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion				
			0,001 - \$100,000	□ \$10,000,001 - \$50 million	☐ \$1,000,000,001 - \$10 billion				
			00,001 - \$500,000	☐ \$50,000,001 - \$100 million	□ \$10,000,000,001 - \$50 billion				
		<b>□</b> \$50	00,001 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion				
16.	Estimated liabilities	<b>□</b> \$0	- \$50,000	■ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion				
			0,001 - \$100,000	□ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion				
			00,001 - \$500,000	□ \$50,000,001 - \$100 million	□ \$10,000,000,001 - \$50 billion				
		<b>□</b> \$50	00,001 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion				

Debtor

## Pushmataha County - City of Antlers Hospital Authority

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is trued and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on September 23, 2016 MM / DD / YYYY

X /s/ David Smith

**David Smith** 

Signature of authorized representative of debtor

Printed name

Chairman, Pushmataha County-City of Title **Antlers Hosp. Authority** 

18. Signature of attorney

X /s/ Jeffrey E. Tate

Date September 23, 2016 Signature of attorney for debtor

MM / DD / YYYY

Jeffrey E. Tate

Printed name

Christensen Law Group, P.L.L.C.

Firm name

The Parkway Building 3401 N.W. 63rd Street Oklahoma City, OK 73116

Number, Street, City, State & ZIP Code

405-232-2020 jeffrey@christensenlawgroup.com Contact phone Email address

17150

Bar number and State

Fill in this info			1
Debtor name	ormation to identify the case:  Pushmataha County - City of Antlers	Hospital Authority	
United States I	Bankruptcy Court for the: EASTERN DISTRIC	CT OF OKLAHOMA	
Case number (	if known)		☐ Check if this is an amended filing
Official Fo	<del></del>	Perjury for Non-Individu	ıal Debtors 12/15
An individual value form for the so amendments cand the date.	who is authorized to act on behalf of a non-inhedules of assets and liabilities, any other of those documents. This form must state the Bankruptcy Rules 1008 and 9011.	individual debtor, such as a corporation or partne document that requires a declaration that is not in the individual's position or relationship to the debt a false statement, concealing property, or obtain	ership, must sign and submit this ncluded in the document, and any tor, the identity of the document,
	h a bankruptcy case can result in fines up t	to \$500,000 or imprisonment for up to 20 years, o	
De	eclaration and signature		
	president, another officer, or an authorized age serving as a representative of the debtor in thi	ent of the corporation; a member or an authorized age is case.	ent of the partnership; or another

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

Schedule A/B: Assets–Real and Personal Property (Official Form 206A/B)

Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)

■ Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)

Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)

☐ Schedule H: Codebtors (Official Form 206H)

☐ Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)

☐ Amended Schedule

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)

☐ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on September 23, 2016

X /s/ David Smith

Signature of individual signing on behalf of debtor

**David Smith** 

Printed name

Chairman, Pushmataha County-City of Antlers Hosp. Authority

Position or relationship to debtor

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors** 

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Fill in this information to identify the case		
Debtor name  Pushmataha County - C	City of Antlers Hospital Authority	
United States Bankruptcy Court for the:	EASTERN DISTRICT OF OKLAHOMA	Check if this is an
Case number (if known):		amended filing

## Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.			
		and government contracts)		Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim	
AIRGAS USA LLC 1 WEST CHOCTAW McAlester, OK 74501						\$24,579.42	
AT&T PO BOX 5001 Carol Stream, IL 60197						\$101,790.87	
ATOKA COUNTY MEDICAL CENTER PO BOX 1107 Atoka, OK 74525						\$295,385.83	
BKD LLP 6120 S YALE AVE SUITE 1400 Tulsa, OK 74136						\$31,665.15	
CONNER AND WINTERS LLP 400 ONE WILLIAMS CENTER Tulsa, OK 74172						\$36,827.94	
CPSI 6600 WALL STREET Mobile, AL 36695						\$54,908.09	
CROWE AND DUNLEVY 324 N ROBINSON AVE STE 100 Oklahoma City, OK 73102						\$38,795.90	
EMPLOYEES GROUP INSURANCE PO BOX 269022 Oklahoma City, OK 73126						\$36,391.80	

Official form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured claims

page 1

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Debtor

Pushmataha County - City of Antlers Hospital Authority

Case number (if known)

Name

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	claim is partially secu	secured, fill in only unsecu red, fill in total claim amou setoff to calculate unsecure	nt and deduction for
		professional services,	uisputeu	Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
GE MEDICAL SYSTEMS PO BOX 843553						\$50,066.63
Dallas, TX 75284 HEARTLAND PATHOLOGY CONSULTANT						\$37,494.18
PO BOX 26343 Oklahoma City, OK 73126						
HOSPIRA WORLDWIDE INC 75 REMITTANCE DRIVE SUITE 6136 Chicago, IL 60675						\$27,586.83
INTERNAL REVENUE SERVICE PO BOX 37941 Hartford, CT			Disputed			\$65,000.00
06176-7941 LEGACY THERAPY RT 1 BOX 1330						\$57,999.96
Antlers, OK 74523 OK EMPLOYMENT SECURITY COMMISSION PO BOX 52004 Oklahoma City, OK						\$44,669.55
73152-2004 OK HEALTH CARE ASSOCIATION PREMIUM LOCK BOX PO BOX 2038 Oklahoma City, OK						\$35,457.24
73101 OLYMPUS AMERICA INC 3500 CORPORATE PARKWAY Center Valley, PA						\$225,213.88
18034 OLYMPUS FINANCIAL SERVICE PO BOX 200183 Pittsburgh, PA						\$151,957.46
15251-0183 PTR HEALTHCARE MANAGEMENT SOLUTIONS, LLC 261 WEST HWY 3 Atoka, OK 74525						\$139,679.68

Official form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured claims

page 2

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Pushmataha County - City of Antlers Hospital Authority

Case number (if known)	

Name

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	claim is partially secure	cured, fill in only unsecur d, fill in total claim amour toff to calculate unsecure Deduction for value of collateral or setoff	nt and deduction for
ROWLAND FLATT CLINIC 603 NE 2ND STREET Antlers, OK 74523						\$1,464,415.03
SOUTHEASTERN EMERGENCY SERVICE 1201 E JACKSON Hugo, OK 74743						\$270,000.00

Official form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured claims

page 3

Fill in this information to identify the	case:		
Debtor name Pushmataha Count	y - City of Antlers Hospital Authority		
United States Bankruptcy Court for the:	EASTERN DISTRICT OF OKLAHOMA		
Case number (if known)			
			Check if this is an
			amended filing
Official Form 206D		_	
Schedule D: Creditors	Who Have Claims Secured by Pr	operty	12/15
Be as complete and accurate as possible.			
Do any creditors have claims secured by      Do Chook this box and submit a	debtor's property? age 1 of this form to the court with debtor's other schedules.	Dobtor has nothing also to	roport on this form
Yes. Fill in all of the information by		Debtor has nothing else to	report on this form.
Part 1: List Creditors Who Have Se			
	ho have secured claims. If a creditor has more than one secured	Column A	Column B
claim, list the creditor separately for each clai		Amount of claim	Value of collateral that supports this
		Do not deduct the value of collateral.	claim
2.1 FIRSTBANK ANTLERS	Describe debtor's property that is subject to a lien	\$402,096.12	\$0.00
Creditor's Name			
PO BOX 458 Antlers, OK 74523			
Creditor's mailing address	Describe the lien		
	Is the creditor an insider or related party?		
	■ No		
Creditor's email address, if known	Yes		
Date debt was incurred	Is anyone else liable on this claim?  No		
	☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H)		
Last 4 digits of account number			
Do multiple creditors have an	As of the petition filing date, the claim is:		
interest in the same property?  No	Check all that apply ☐ Contingent		
☐ Yes. Specify each creditor,	Unliquidated		
including this creditor and its relative priority.	☐ Disputed		
2.2 FIRSTBANK ATOKA	Describe debtor's property that is subject to a lien	\$200,000.00	\$0.00
Creditor's Name	-		
701 S MISSISSIPPI			
Atoka, OK 74525  Creditor's mailing address	Describe the lien		
·	In the condition on inciden an entered months		
	Is the creditor an insider or related party?  ■ No		
Creditor's email address, if known	Yes		
Data dahtura turun t	Is anyone else liable on this claim?		
Date debt was incurred	■ No □ Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)		
Last 4 digits of account number			
Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is: Check all that apply		

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 3

**Desc Main** 

Debtor	Pushmataha County - Cit Authority	ty of Antlers Hospital Case number (	if know)	
inc	Name  No  Yes. Specify each creditor, sluding this creditor and its relative ority.	☐ Contingent ☐ Unliquidated ☐ Disputed		
	ITERBANK editor's Name	Describe debtor's property that is subject to a lien	\$2,372,890.43	Unknown
Cre	editor's mailing address	Describe the lien		
	editor's email address, if known	Is the creditor an insider or related party?  ■ No □ Yes		
	nte debt was incurred	Is anyone else liable on this claim?  ■ No		
La	st 4 digits of account number	☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H)		
int  int  int	o multiple creditors have an erest in the same property?  No  Yes. Specify each creditor, sluding this creditor and its relative ority.	As of the petition filing date, the claim is: Check all that apply ☐ Contingent ☐ Unliquidated ☐ Disputed		
	SDA editor's Name	Describe debtor's property that is subject to a lien	\$2,885,961.52	Unknown
Cre	editor's mailing address	Describe the lien		
Cre	editor's email address, if known	Is the creditor an insider or related party?  ■ No □ Yes		
	ate debt was incurred	Is anyone else liable on this claim?  ■ No □ Yes. Fill out Schedule H: Codebtors (Official Form 206H)		
Do int	o multiple creditors have an elerest in the same property?  No  Yes. Specify each creditor, cluding this creditor and its relative ority.	As of the petition filing date, the claim is: Check all that apply ☐ Contingent ☐ Unliquidated ☐ Disputed		
3. Tota	ıl of the dollar amounts from Part 1	, Column A, including the amounts from the Additional Page, if any	\$5,860,948.0	

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Official Form 206D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

page 2 of 3

**Authority** Case number (if know)

	Authority		
N	Name		
	e and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
СН	WYATT JR		
309	S RANCHWOOD BLVD	Line _ <b>2.4</b> _	
PO I	BOX 851220		
Yuk	on, OK 73085		
СН	WYATT JR		
309	S RANCHWOOD BLVD	Line <u>2.3</u>	
PO E	BOX 851220		
Yuk	on, OK 73085		
ROE	BERT LUTTRELL III		
211	N ROBINSON	Line <b>2.4</b>	
SUIT	TE 1000		
TWC	O LEADERSHIP SQUARE 10TH FLOOR		
Okla	ahoma City, OK 73102		
ROE	BERT LUTTRELL III		
211	N ROBINSON	Line <b>2.3</b>	
SUIT	TE 1000		
TWC	O LEADERSHIP SQUARE 10TH FLOOR		
_	ahoma City, OK 73102		

Fill in this information to identify the case:		
Debtor name Pushmataha County - City of Antlers H	ospital Authority	
United States Bankruptcy Court for the: EASTERN DISTRICT	OF OKLAHOMA	
Case number (if known)		☐ Check if this is an amended filing
Official Form 206E/F		
Schedule E/F: Creditors Who Have	Lineacurad Claims	40/45
Be as complete and accurate as possible. Use Part 1 for creditors w		NONPRIORITY unsecured claims
List the other party to any executory contracts or unexpired leases t Personal Property (Official Form 206A/B) and on Schedule G: Execu 2 in the boxes on the left. If more space is needed for Part 1 or Part 2	hat could result in a claim. Also list executory contracts on a tory Contracts and Unexpired Leases (Official Form 206G). No. 2, fill out and attach the Additional Page of that Part included	Schedule A/B: Assets - Real and lumber the entries in Parts 1 and
Part 1: List All Creditors with PRIORITY Unsecured Clair	ns	
1. Do any creditors have priority unsecured claims? (See 11 U.	S.C. § 507).	
No. Go to Part 2.		
☐ Yes. Go to line 2.		
Part 2: List All Creditors with NONPRIORITY Unsecured 3. List in alphabetical order all of the creditors with nonpriorit		n nonpriority unsecured claims fill
out and attach the Additional Page of Part 2.	y anossarou stante. If the debtor has more than a distance was	Amount of claim
Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply	\$5,550.10
ADMINISTRATIVE CONSULTANT SERVICES LLC	Contingent	
PO BOX 3368	Unliquidated	
Shawnee, OK 74802	☐ Disputed	
Date(s) debt was incurred	Basis for the claim: _	
Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.2 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply	× \$14.400.00
ADVANCED MOLECULAR DIAGNOSTICS	☐ Contingent	\$14,400.00
535 EAST CRESENT AVENUE	☐ Unliquidated	
Ramsey, NJ 07446	☐ Disputed	
Date(s) debt was incurred _	·	
Last 4 digits of account number	Basis for the claim: _	
Last 4 digits of account number _	Is the claim subject to offset? ■ No ☐ Yes	
3.3 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply	× \$24,579.42
AIRGAS USA LLC	☐ Contingent	
1 WEST CHOCTAW	☐ Unliquidated	
McAlester, OK 74501	Disputed	
Date(s) debt was incurred _	Basis for the claim: _	
Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.4 Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply	/· \$95.00
ALBERT C WITT JR	☐ Contingent	ψ33.00
5275 LAWRENCE 1225	☐ Unliquidated	
Ash Grove, MO 65604	☐ Disputed	
Date(s) debt was incurred	·	
Last 4 digits of account number	Basis for the claim: _	

Is the claim subject to offset? ■ No ☐ Yes

Debtor	Pushmataha County - City of Antlers Hos Authority Name	Spital  Case number (if known)	
3.5	Nonpriority creditor's name and mailing address	As of the petition filling date, the claim is: Check all that apply.	\$8,300.80
	ALERE NORTH AMERICA INC	☐ Contingent	
	PO BOX 846153	☐ Unliquidated	
	Boston, MA 02284-6153	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.6	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$238.32
	ALL PHASE BUSINESS INC	☐ Contingent	
	1920 E GLADWICK STREET	☐ Unliquidated	
	RANCHO DOMINQUEZ, CA 90220	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.7	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$618.98
3.7	ALLIANCE COMMUNICATION		\$010.30
	PO BOX 9090	☐ Contingent	
	Tyler, TX 75711	☐ Unliquidated	
	Date(s) debt was incurred _	☐ Disputed  Basis for the claim:	
	Last 4 digits of account number		
		Is the claim subject to offset? ■ No ☐ Yes	
3.8	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$501.59
	ALLIANCE HEALTH	☐ Contingent	
	1800 W UNIVERSITY BLVD	☐ Unliquidated	
	Durant, OK 74701	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.9	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$926.04
	ALLSTATE CANCER ACCIDENT	☐ Contingent	•
	PO BOX 650514	☐ Unliquidated	
	Dallas, TX 75265	Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.10	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$115.50
	AMANDA BREWER	☐ Contingent	
	575 E BLACKJACK	☐ Unliquidated	
	Atoka, OK 74525	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.11	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$454.96
	AMBU INC	Contingent	<b>4.000</b>
	PO BOX 64118	☐ Unliquidated	
	Baltimore, MD 21264-4118	☐ Disputed	
	Date(s) debt was incurred	·	
	Last 4 digits of account number	Basis for the claim:	
		Is the claim subject to offset? ■ No □ Yes	

Debtor	Pushmataha County - City of Antlers Hos Authority	cpital  Case number (if known)	
	Name		
3.12	Nonpriority creditor's name and mailing address  AMERICAN ASSOCIATION OF BIOANA  205 WEST LEVEE STREET  Brownswills, TV 78520	As of the petition filing date, the claim is: Check all that apply.  Contingent Unliquidated	\$119.00
	Brownsville, TX 78520	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.13	Nonpriority creditor's name and mailing address AMERICAN HOSPITAL ASSOCIATION PO BOX 92247 CHICAGO, IL 60675	As of the petition filing date, the claim is: Check all that apply.  Contingent Unliquidated Disputed	\$1,315.00
	Date(s) debt was incurred _		
	Last 4 digits of account number	Basis for the claim: _	
		Is the claim subject to offset? ■ No ☐ Yes	
3.14	AMN HEALTHCARE INC FILE 56157 Los Angeles, CA 90074	As of the petition filing date, the claim is: Check all that apply.  Contingent Unliquidated Disputed	\$4,546.50
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.15	Nonpriority creditor's name and mailing address ANESTHESIA SERVICES INC 1821 N CLASSEN BLVD SUITE 100 Oklahoma City, OK 73106 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply.  ☐ Contingent ☐ Unliquidated ☐ Disputed  Basis for the claim: ☐ Is the claim subject to offset? ☐ No ☐ Yes	\$2,940.00
3.16	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$50.80
	ANTHEM BLUE CROSS	☐ Contingent	φου.σσ
	PO BOX 70000	□ Unliquidated	
	Van Nuys, CA 91470	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.17	Nonpriority creditor's name and mailing address ANTLERS AMERICA PO BOX 578 Antlers, OK 74523	As of the petition filing date, the claim is: Check all that apply.  Contingent Unliquidated Disputed	\$113.80
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.18	Nonpriority creditor's name and mailing address ANTLERS HARDWARE 103 N HIGH ST Antlers, OK 74523 Date(s) debt was incurred _	As of the petition filing date, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Basis for the claim:	\$504.74
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
		is the ciality subject to cliset: - INC - IES	

Debtor		spital  Case number (if known)	
0.40	Name	As a full constitution for the full state of the	A447 - 4
3.19	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$447.74
	ANTLERS PHARMACY	Contingent	
	PO BOX 487	Unliquidated	
	Antlers, OK 74523	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.20	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$14,798.10
	ANTLERS PUBLIC WORKS	☐ Contingent	
	100 S E 2ND STREET	☐ Unliquidated	
	Antlers, OK 74523	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.21	Nonpriority creditor's name and mailing address	As of the petition filling date, the claim is: Check all that apply.	\$404.30
	ANTLERS ROOF AND TRUST CO	☐ Contingent	
	1010 N E 5TH STREET	☐ Unliquidated	
	Antlers, OK 74523	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
	1		
3.22	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$2,001.50
	ARMSTRONG MEDICAL INDUSTRIES	Contingent	
	575 KNIGHTBRIDGE PARKWAY	Unliquidated	
	Lincolnshire, IL 60069	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.23	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$39.62
	ARROW MACHINERY CO	☐ Contingent	
	121 MARTIN LUTHER KING AVE	☐ Unliquidated	
	Oklahoma City, OK 73117	☐ Disputed	
	Date(s) debt was incurred _ Last 4 digits of account number	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.24	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$113.37
	AT&T	☐ Contingent	
	PO BOX 105068	☐ Unliquidated	
	Atlanta, GA 30348	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.25	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$101,790.87
	AT&T	☐ Contingent	· · · · · · · · · · · · · · · · · · ·
	PO BOX 5001	☐ Unliquidated	
	Carol Stream, IL 60197	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _		
	<del>-</del>	Is the claim subject to offset? ■ No □ Yes	

Debtor	Pushmataha County - City of Antlers Hosp Authority	Dital  Case number (if known)	
3.26	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$49.86
	AT&T PO BOX 105068	☐ Contingent	
	Atlanta, GA 30348	☐ Unliquidated	
	Date(s) debt was incurred	Disputed	
	Last 4 digits of account number	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.27	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$16,642.13
	AT&T	☐ Contingent	
	PO BOX 5001	☐ Unliquidated	
	Carol Stream, IL 60197	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.28	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$6,631.46
	AT&T LONG DISTANCE	☐ Contingent	40,001110
	PO BOX 5017	☐ Unliquidated	
	Carol Stream, IL 60197	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number	<del>-</del>	
		Is the claim subject to offset? ■ No □ Yes	
3.29	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$695.62
	AT&T WIRELESS	☐ Contingent	
	PO BOX 537104	☐ Unliquidated	
	Atlanta, GA 30353-7104	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.30	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$2,232.00
	ATCO INTERNATIONAL ATTN ACCT REC	☐ Contingent	. ,
	1401 BARCLAY CIRCLE, SE	☐ Unliquidated	
	MARIETTA, GA 03006-0250	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.31	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$295,385.83
	ATOKA COUNTY MEDICAL CENTER	☐ Contingent	
	PO BOX 1107	☐ Unliquidated	
	Atoka, OK 74525	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.32	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$7,237.30
	AUREUS RADIOLOGY LLC	☐ Contingent	, , , , , , , , , , , , , , , , , , ,
	PO BOX 3037	☐ Unliquidated	
	Omaha, NE 68103	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
		io the diam subject to offset: — NO — 163	

Debto	Pushmataha County - City of Antlers Hosp Authority Name	Dital  Case number (if known)	
3.33	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$593.25
3.33	BANCFIRST		<b>\$393.23</b>
	501 E CARL ALBERT PKWY	☐ Contingent ☐ Unliquidated	
	McAlester, OK 74501	·	
		☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.34	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$3,584.22
	BECKMAN COULTER INC	☐ Contingent	
	DEPT CH 10164	☐ Unliquidated	
	Palatine, IL 60055	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.35	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$8,793.34
	BIO RAD LABORATORIES INC CLINICAL	☐ Contingent	
	DIAG	☐ Unliquidated	
	DEPT 9740	☐ Disputed	
	Los Angeles, CA 90084	Basis for the claim:	
	Date(s) debt was incurred _	<del>-</del>	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.36	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$2,198.83
	BIOMERIEUX VITEK INC	☐ Contingent	
	PO BOX 500308	☐ Unliquidated	
	Saint Louis, MO 63150	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.37	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$31,665.15
	BKD LLP	☐ Contingent	Ψο 1,000110
	6120 S YALE AVE SUITE 1400	☐ Unliquidated	
	Tulsa, OK 74136	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.38	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$899.95
0.00	BRENTS HEAT AND AIR	Contingent	ψ033.33
	HC 83 BOX 125	☐ Unliquidated	
	Antlers, OK 74523	☐ Disputed	
	Date(s) debt was incurred	·	
	• • • • • • • • • • • • • • • • • • • •	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.39	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$102.14
	BRIGGS CORPORATION	☐ Contingent	
	PO BOX 1355	☐ Unliquidated	
	Des Moines, IA 50305	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	

Debtor	Pushmataha County - City of Antlers Hos  Authority  Name	spital  Case number (if known)	
3.40	Nonpriority creditor's name and mailing address	As of the petition filling date, the claim is: Check all that apply.	\$1,500.00
	BRUMMITT AND ASSOCIATES INC	☐ Contingent	
	4418 MONTECELLO PLACE	☐ Unliquidated	
	Enid, OK 73703	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.41	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$361.69
	BUDDYS PLUMBING APPLIANCE	☐ Contingent	
	114 E MAIN STREET	☐ Unliquidated	
	Antlers, OK 74523	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _		
	_	Is the claim subject to offset? ■ No ☐ Yes	
3.42	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$504.00
	BYTESPEED	☐ Contingent	
	3131 24TH AVE S	☐ Unliquidated	
	MOOREHEAD, MN 56560	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.43	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$14,174.09
	CARDINAL HEALTH DALLAS DIVISION	☐ Contingent	
	PO BOX 847384	☐ Unliquidated	
	Dallas, TX 75284	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.44	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$3,750.00
	CARE LEARNING	Contingent	· ,
	6820 DEERPATH ROAD	☐ Unliquidated	
	Elkridge, MD 21075	Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.45	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$510.18
	CAREFUSION	☐ Contingent	
	25146 NETWORK PLACE	☐ Unliquidated	
	Chicago, IL 60673-1250	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.46	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$3,919.30
	CARESTREAM HEALTH INC	□ Contingent	+-,
	DEPT CH 19286	☐ Unliquidated	
	Palatine, IL 60055	☐ Disputed	
	Date(s) debt was incurred	·	
	Last 4 digits of account number	Basis for the claim: _	
	Lact - aigits of account number _	Is the claim subject to offset? ■ No □ Yes	

Debtor	Pushmataha County - City of Antlers Hosp Authority	oital Case number (if known)	
	Name		
3.47	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$41.62
	CARQUEST AUTO PARTS	☐ Contingent	
	604 EAST MAIN	☐ Unliquidated	
	Antlers, OK 74523	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number		
		Is the claim subject to offset? ■ No □ Yes	
3.48	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$6,468.44
	CDW GOVERNMENT INC	☐ Contingent	
	75 REMITTANCE DRIVE SUITE 1515	☐ Unliquidated	
	Chicago, IL 60675	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.49	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$0.00
	CECILIA SUTTERFIELD PERSONAL REP	☐ Contingent	*
	CO JON ED BROWN	☐ Unliquidated	
	102 WEST JACKSON STREET	☐ Disputed	
	Hugo, OK 74743		
	Date(s) debt was incurred	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.50	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$254.69
	CENTERPOINT ENERGY SERVICES INC	☐ Contingent	<del></del>
	PO BOX 301149	☐ Unliquidated	
	Dallas, TX 75303	☐ Disputed	
	Date(s) debt was incurred	·	
	Last 4 digits of account number	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.51	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$77.00
	CHARLOTTE MCANALLY	☐ Contingent	
	155 N 4325 RD	☐ Unliquidated	
	Hugo, OK 74743	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No ☐ Yes	
3.52	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$181.23
	CHEMSEARCH	☐ Contingent	·
	PO BOX 971269	☐ Unliquidated	
	Dallas, TX 75397	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number	_	
		Is the claim subject to offset? ■ No □ Yes	
3.53	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$17,893.21
	CHOCTAW MEMORIAL HOSPITAL	☐ Contingent	
	1405 EAST KIRK	☐ Unliquidated	
	Hugo, OK 74743	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
		is the claim subject to offset! — NO — 165	

Debtor	Pushmataha County - City of Antlers Hos Authority	spital Case number (if known)	
20210.	Name		
3.54	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$2,402.00
	CLIA LABORATORY PROGRAM	☐ Contingent	
	PO BOX 530882	Unliquidated	
	Atlanta, GA 30353	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.55	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$600.00
	CNA SURETY	☐ Contingent	
	PO BOX 802876	☐ Unliquidated	
	600, IL 60680	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.56	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$1,638.29
	COBRA ONE	☐ Contingent	
	1350 SOUTH BOULDER SUITE 300	☐ Unliquidated	
	Tulsa, OK 74119	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.57	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$1,200.00
	COMPLIANCE CONSULTANTS	☐ Contingent	
	67 EARNHARDT CIRCLE	☐ Unliquidated	
	Cabot, AR 72023	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.58	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$36,827.94
	CONNER AND WINTERS LLP	☐ Contingent	
	400 ONE WILLIAMS CENTER	Unliquidated	
	Tulsa, OK 74172	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.59	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$816.49
	COOK MEDICAL INC	☐ Contingent	
	22988 NETWORK PLACE	☐ Unliquidated	
	Chicago, IL 60673	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.60	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$1,217.18
	COOPER SURGICAL	☐ Contingent	
	PO BOX 712280	☐ Unliquidated	
	Cincinnati, OH 45271	Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	

Debtor	Pushmataha County - City of Antlers Hosp Authority Name	Case number (if known)	
3.61	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$54,908.09
	6600 WALL STREET Mobile, AL 36695	☐ Unliquidated ☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.62	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$38,795.90
	CROWE AND DUNLEVY 324 N ROBINSON AVE STE 100	☐ Contingent	
	Oklahoma City, OK 73102	☐ Unliquidated ☐ Disputed	
	Date(s) debt was incurred_	·	
	Last 4 digits of account number	Basis for the claim: _	
	Lust 4 digits of account number _	Is the claim subject to offset? ■ No ☐ Yes	
3.63	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$6,330.00
	DANIEL O ROWLAND	☐ Contingent	
	1201 E JACKSON	Unliquidated	
	Hugo, OK 74743	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.64	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$7,264.00
	DANWELL COMPANIES	☐ Contingent	
	PO BOX 5304	Unliquidated	
	Durant, OK 74702	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.65	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$1,615.72
	DELTA DENTAL	Contingent	
	PO BOX 960020 Oklahoma City, OK 73196	☐ Unliquidated	
	Date(s) debt was incurred	☐ Disputed	
	Last 4 digits of account number	Basis for the claim: _	
	East 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.66	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$90.00
	DEYTA	☐ Contingent	
	7400 NEW LAGRANGE ROAD SUITE 200	Unliquidated	
	Louisville, KY 40222	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.67	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$10,074.00
	DIAGNOSTIC IMAGING ASSOC	Contingent	
	4500 S GARNETT STE 919	Unliquidated	
	Tulsa, OK 74146	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No ☐ Yes	

Debto	Pushmataha County - City of Antlers Hosp Authority	ital  Case number (if known)	
	Name		
3.68	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$102.00
	DIAGNOSTIC IMAGING ASSOCIATES INC	☐ Contingent	
	PO BOX 973038	☐ Unliquidated	
	Dallas, TX 75397	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _		
		Is the claim subject to offset? ■ No ☐ Yes	
3.69	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$444.88
	DIRECT SUPPLY	☐ Contingent	
	BOX 88201	☐ Unliquidated	
	Milwaukee, WI 53288	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
	_		
3.70	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$461.07
	DJO LLC	☐ Contingent	
	PO BOX 650777	☐ Unliquidated	
	Dallas, TX 75265	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
		is the dain subject to onset: — No 🗀 Tes	
3.71	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$9,600.00
	DURANT ANESTHESIA ASSOC	☐ Contingent	
	PO BOX 5125	☐ Unliquidated	
	Durant, OK 74702	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number	_	
	_	Is the claim subject to offset? ■ No □ Yes	
3.72	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$1,704.86
	EDWARD SLOAN AND ASSOCIATES	☐ Contingent	
	PO BOX 788	☐ Unliquidated	
	Winnsboro, TX 75494	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _		
	1		
3.73	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$4,000.00
	EDWIN FRENCH ELLIS	☐ Contingent	
	PO BOX 277	☐ Unliquidated	
	Antlers, OK 74523	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
	1		. –
3.74	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$5,312.52
	ELECTRONIC DICTATION OF TULSA INC	Contingent	
	9717 E 42ND ST STE 142	Unliquidated	
	Tulsa, OK 74146	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	

Debtor	Pushmataha County - City of Antlers Hosp Authority Name	Case number (if known)	
	Nonpriority creditor's name and mailing address EMPLOYEES GROUP INSURANCE PO BOX 269022 Oklahoma City, OK 73126	As of the petition filing date, the claim is: Check all that apply.  Contingent Unliquidated	\$36,391.80
	Date(s) debt was incurred	☐ Disputed	
	Last 4 digits of account number	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
	Nonpriority creditor's name and mailing address ESOLUTIONS INC CO BESSENDACHER COMM PO BOX 480108 Kansas City, MO 64148 Date(s) debt was incurred _	As of the petition filing date, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Basis for the claim:	\$1,500.00
	Last 4 digits of account number _	Is the claim subject to offset? ■ No ☐ Yes	
	Nonpriority creditor's name and mailing address ESTATE OF PHILLIP CHAMBERS CO JON ED BROWN 102 WEST JACKSON STREET Hugo, OK 74743  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply.  ☐ Contingent ☐ Unliquidated ☐ Disputed  Basis for the claim: _  Is the claim subject to offset? ■ No ☐ Yes	\$0.00
	Nonpriority creditor's name and mailing address ESTES EXPRESS LINES PO BOX 25612 Richmond, VA 23260 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply.  ☐ Contingent ☐ Unliquidated ☐ Disputed  Basis for the claim:  Is the claim subject to offset? ■ No ☐ Yes	\$711.20
	Nonpriority creditor's name and mailing address ETHEL M HAUGEN 2128 N 14TH STREET 1 BOX 267 Ponca City, OK 74601 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Basis for the claim:  Is the claim subject to offset?  No Yes	\$17,000.00
	Nonpriority creditor's name and mailing address FARM BUREAU MUTUAL INSURANCE COMPANY BOX 53332 Oklahoma City, OK 73152 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Basis for the claim:  Is the claim subject to offset?  No Yes	\$25.00
	Nonpriority creditor's name and mailing address FASTHEALTH CORPORATION 1001 23RD AVE SUITE C Tuscaloosa, AL 35401 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply.  ☐ Contingent ☐ Unliquidated ☐ Disputed  Basis for the claim: ☐ Is the claim subject to offset?  ■ No ☐ Yes	\$2,824.96

Debtor	Pushmataha County - City of Antlers Hospit Authority Name	Case number (if known)	
202		As of the notition filling date the state in St. 1. 1. 1.	\$4.07.00
3.82	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$167.99
	FEDEX PO BOX 660481	Contingent	
	Dallas, TX 75266	☐ Unliquidated	
		Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.83	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$4,168.00
	FIRST INSURANCE AN AFFILIATE OF FIRST	☐ Contingent	
	BA BOY and	☐ Unliquidated	
	PO BOX 960	☐ Disputed	
	ATOKA, OK 74525	Basis for the claim:	
	Date(s) debt was incurred _	Is the claim subject to offset? ■ No □ Yes	
	Last 4 digits of account number _	is the claim subject to disset? — No	
3.84	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$931.05
	FIRSTBANK ANTLERS	☐ Contingent	
	PO BOX 458	☐ Unliquidated	
	Antlers, OK 74523	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
2.05	No	As of the metition filling date the plainting to our many	#2 FC0 0F
3.85	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$3,568.95
	FISHER HEALTHCARE ACCT 5151710001 PO BOX 404705	Contingent	
	Atlanta, GA 30384-4000	Unliquidated	
	Date(s) debt was incurred	Disputed	
	<u>-</u>	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.86	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$2,483.53
	FIVE STAR OFFICE SUPPLY	☐ Contingent	
	127 W MAIN	☐ Unliquidated	
	Durant, OK 74701	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.87	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$77.29
	GCX CORPORATION	☐ Contingent	
	PO BOX 1410	☐ Unliquidated	
	Suisun City, CA 94585	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.88	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$11,737.16
	GE HEALTHCARE	Contingent	ψιι,ισιιισ
	PO BOX 641419	☐ Unliquidated	
	Pittsburgh, PA 15264	☐ Disputed	
	Date(s) debt was incurred	·	
	Last 4 digits of account number	Basis for the claim: _	
		Is the claim subject to offset? ■ No □ Yes	

Debtor	7109	spital  Case number (if known)	
3.89	Nonpriority creditor's name and mailing address GE MEDICAL SYSTEMS PO BOX 843553 Dallas, TX 75284	As of the petition filing date, the claim is: Check all that apply.  Contingent Unliquidated Disputed	\$50,066.63
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.90	Nonpriority creditor's name and mailing address GE MEDICAL SYSTEMS 5517 COLLECTIONS CENTER DR Chicago, IL 60693 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply.  ☐ Contingent ☐ Unliquidated ☐ Disputed  Basis for the claim: ☐ Is the claim subject to offset? ■ No ☐ Yes	\$247.80
3.91	Nonpriority creditor's name and mailing address GLOBAL EQUIPMENT CO PO BOX 905713 Charlotte, NC 28290	As of the petition filing date, the claim is: Check all that apply.  Contingent Unliquidated Disputed	\$455.09
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.92	Nonpriority creditor's name and mailing address GLOBAL GOVT ED SYX SERVICES PO BOX 442949 Miami, FL 33144 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply.  ☐ Contingent ☐ Unliquidated ☐ Disputed  Basis for the claim: ☐ Is the claim subject to offset? ☐ No ☐ Yes	\$303.88
3.93	Nonpriority creditor's name and mailing address GRIFFIN COMMUNICATIONS PO BOX 160 Point, TX 75472 Date(s) debt was incurred	As of the petition filing date, the claim is: Check all that apply.  Contingent Unliquidated Disputed	\$450.00
	Last 4 digits of account number _	Basis for the claim: _  Is the claim subject to offset? ■ No □ Yes	
3.94	Nonpriority creditor's name and mailing address HEALTHCARE FIRST PO BOX 202975 Dallas, TX 75320	As of the petition filing date, the claim is: Check all that apply.  Contingent Unliquidated Disputed	\$375.00
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.95	Nonpriority creditor's name and mailing address HEALTHCARE LOGISTICS PO BOX 400 Circleville, OH 43113 Date(s) debt was incurred _	As of the petition filing date, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Basis for the claim:	\$1,394.18
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	

Debtor	Pushmataha County - City of Antlers Hosp Authority	ital  Case number (if known)	
	Name		
3.96	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$37,494.18
	HEARTLAND PATHOLOGY CONSULTANT	☐ Contingent	
	PO BOX 26343	☐ Unliquidated	
	Oklahoma City, OK 73126	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.97	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$31.16
	HILL ROM	☐ Contingent	
	PO BOX 643592	☐ Unliquidated	
	Pittsburgh, PA 15264	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.98	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$944.75
	HMS HEALTH LLC	☐ Contingent	
	740 SPIRIT 40 PARK DRIVE	☐ Unliquidated	
	Chesterfield, MO 63005	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.99	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$27,586.83
	HOSPIRA WORLDWIDE INC	☐ Contingent	<del>+</del> ==,000000
	75 REMITTANCE DRIVE SUITE 6136	☐ Unliquidated	
	Chicago, IL 60675	☐ Disputed	
	Date(s) debt was incurred _		
	Last 4 digits of account number	Basis for the claim:	
		Is the claim subject to offset? ■ No ☐ Yes	
3.100	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$65,000.00
	INTERNAL REVENUE SERVICE	☐ Contingent	
	PO BOX 37941	☐ Unliquidated	
	Hartford, CT 06176-7941	■ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.101	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$5.00
	IPFS CORPORATION	☐ Contingent	
	PO BOX 730223	☐ Unliquidated	
	Dallas, TX 75373-0223	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.102	Nonpriority creditor's name and mailing address	As of the petition filling date, the claim is: Check all that apply.	\$50.60
	JASON MARONEY	☐ Contingent	
	PO BOX 175	☐ Unliquidated	
	Finley, OK 74543	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	<del>-</del>	
		Is the claim subject to offset? ■ No □ Yes	

Debtor		pital  Case number (if known)	
0.400	Name		44.400.00
3.103	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$1,166.00
	JETSCRIBE SOUTHEASTERN RADIO	Contingent	
	215 E CHOCTAW STE 103	Unliquidated	
	McAlester, OK 74501	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.104	Nonpriority creditor's name and mailing address	As of the petition filling date, the claim is: Check all that apply.	\$765.40
	JOHNSON & JOHNSON HEALTH CARE	☐ Contingent	
	SYSTEMS	☐ Unliquidated	
	5972 COLLECTIONS CTR DR	Disputed	
	Chicago, IL 60693		
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No ☐ Yes	
3.105	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$24.20
	KANION JONES	☐ Contingent	
	413 S DOK RD	☐ Unliquidated	
	Lane, OK 74555	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number	_	
	<u> </u>	Is the claim subject to offset? ■ No ☐ Yes	
3.106	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$13,467.88
	LABCORP	☐ Contingent	
	PO BOX 12140	☐ Unliquidated	
	Burlington, NC 27216-2140	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number	_	
		Is the claim subject to offset? ■ No ☐ Yes	
3.107	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$7,900.00
	LABORATORY SUPPLY CO	☐ Contingent	
	1951 BISHOP LANE	☐ Unliquidated	
	SUITE 300	☐ Disputed	
	Louisville, KY 40218	Basis for the claim:	
	Date(s) debt was incurred _	_	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No ☐ Yes	
3.108	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$843.41
	LANDAUER INC	☐ Contingent	
	PO BOX 809051	☐ Unliquidated	
	Chicago, IL 60680-9051	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number	<u>-</u>	
	<u> </u>	Is the claim subject to offset? ■ No ☐ Yes	
3.109	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$57,999.96
	LEGACY THERAPY	☐ Contingent	
	RT 1 BOX 1330	☐ Unliquidated	
	Antlers, OK 74523	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	<u> </u>	
	-	Is the claim subject to offset? ■ No □ Yes	

Debtor	Pushmataha County - City of Antlers Hos Authority	spital  Case number (if known)	
	Name		
3.110	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$621.46
	MAILFINANCE	☐ Contingent	
	25881 NETWORK PLACE	☐ Unliquidated	
	Chicago, IL 60673-1258	□ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number		
	_	Is the claim subject to offset? ■ No ☐ Yes	
3.111	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$335.39
	MAINE STANDARDS	☐ Contingent	
	765 ROOSEVELT TRAIL	☐ Unliquidated	
	SUITE 9A	□ Disputed	
	Windham, ME 04062	·	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No ☐ Yes	
3.112	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$759.58
	MCALESTER NEWS CAPITAL	☐ Contingent	
	PO BOX 987	☐ Unliquidated	
	McAlester, OK 74502	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	_	
		Is the claim subject to offset? ■ No □ Yes	
3.113	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$4,907.50
	MED TECH SOLUTIONS	☐ Contingent	
	1116 S 129 EAST AVENUE	☐ Unliquidated	
	Tulsa, OK 74108	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	_	
		Is the claim subject to offset? ■ No ☐ Yes	
3.114	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$9,827.44
	MEDISCRIBES INC	☐ Contingent	
	12806 TOWNEPARK WAY	☐ Unliquidated	
	Louisville, KY 40243	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.115	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$876.52
	MEDIVATORS INC	☐ Contingent	
	14605 28TH AVENUE NORTH	☐ Unliquidated	
	Minneapolis, MN 55447-4822	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _		
		Is the claim subject to offset? ■ No ☐ Yes	
3.116	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$13,625.19
	MEDLINE INDUSTRIES	☐ Contingent	
	DEPT 1080	☐ Unliquidated	
	PO BOX 121080	☐ Disputed	
	Dallas, TX 75312-1080	Basis for the claim:	
	Date(s) debt was incurred _		
	Last 4 digits of account number	Is the claim subject to offset? ■ No □ Yes	

Debto	Pushmataha County - City of Antlers Hosp  Authority  Name	ital  Case number (if known)	
3.117	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$5,598.61
0.117	METROPOLITAN TELECOMMUNICATION	Contingent	ψ3,330.01
	PO BOX 9660	☐ Unliquidated	
	Manchester, NH 03108-9660	☐ Disputed	
	Date(s) debt was incurred	'	
	Last 4 digits of account number _	Basis for the claim: _  Is the claim subject to offset? ■ No □ Yes	
		is the claim subject to onset: — No	
3.118	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$320.00
	MICHAEL B EARLS & KRISTINA	☐ Contingent	
	PO BOX 1033	☐ Unliquidated	
	JENKS, OK 74137	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
0.440	7	·	<b>\$005.00</b>
3.119	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$295.00
	MILLER OFFICE EQUIPMENT 900 E WYANDOTTE	☐ Contingent	
		Unliquidated	
	McAlester, OK 74501	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.120	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$16,160.70
	MINDRAY DS US INC	☐ Contingent	· •
	ATTN ELLIOT SILVER	☐ Unliquidated	
	190 SYLVAN AVENUE	_ `	
	Englewood Cliffs, NJ 07632	☐ Disputed	
	Date(s) debt was incurred	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.121	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$2,088.11
	MUTUAL OF OMAHA - POLICYHOLDER	☐ Contingent	·
	SERVICE	☐ Unliquidated	
	PO BOX 2147	☐ Disputed	
	Omaha, NE 68103-2147	·	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.122	Nonpriority creditor's name and mailing address MYHEALTH ACCESS NETWORK	As of the petition filing date, the claim is: Check all that apply.	\$2,970.47
	ATTN DENISE DENNIS	☐ Contingent	
	16 E 16 STREET	☐ Unliquidated	
	SUITE 405	☐ Disputed	
	Tulsa, OK 74119	Basis for the claim:	
	Date(s) debt was incurred _	Is the claim subject to offset? ■ No □ Yes	
	Last 4 digits of account number _	is the claim subject to offset? — No 🚨 Yes	
3.123	Nonpriority creditor's name and mailing address NATIONAL ASSOCIATION OF CPSI CLIENTS	As of the petition filing date, the claim is: Check all that apply.	\$200.00
	INC	☐ Contingent	
	REESE BAKER	☐ Unliquidated	
	520 WEST GUM STREET	☐ Disputed	
	Marion, KY 42064	'	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number	Is the claim subject to offset? ■ No □ Yes	

Debtor		tal  Case number (if known)	
0.404	Name	A College of the Coll	<b>\$0.054.50</b>
3.124	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$2,951.56
	NATIONAL RESEARCH CORP PO BOX 809030	Contingent	
	Chicago, IL 60680-9030	☐ Unliquidated	
	•	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.125	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$1,100.00
	NEOPOST USA INC	☐ Contingent	
	25880 NETWORK PLACE	☐ Unliquidated	
	Chicago, IL 60673-1258	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.126	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$243.26
	NETWORK SERVICES COMPANY	☐ Contingent	
	LOCKBOX 231805	☐ Unliquidated	
	1805 MOMENTUM PLACE	☐ Disputed	
	Chicago, IL 60689-5318	Basis for the claim:	
	Date(s) debt was incurred _	<del>-</del>	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No ☐ Yes	
3.127	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$6,768.73
	NUMED INC	☐ Contingent	
	PO BOX 1098	☐ Unliquidated	
	Denton, TX 76202	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.128	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$312.30
0.120	OFFICE EQUIPMENT CENTER		φ312.30
	PO BOX 1246	☐ Contingent ☐ Unliquidated	
	Paris, TX 75461-1246	☐ Disputed	
	Date(s) debt was incurred	·	
	Last 4 digits of account number _	Basis for the claim: _	
		Is the claim subject to offset? ■ No ☐ Yes	
3.129	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$65.06
	OHLIN SALES INC.	☐ Contingent	
	6024 CULLIGAN WAY	☐ Unliquidated	
	Minnetonka, MN 55345	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _		
		Is the claim subject to offset? ■ No ☐ Yes	
3.130	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$44,669.55
	OK EMPLOYMENT SECURITY COMMISSION	☐ Contingent	
	PO BOX 52004	☐ Unliquidated	
	Oklahoma City, OK 73152-2004	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	

Debtor	Pushmataha County - City of Antlers Hospin Authority Name	tal  Case number (if known)	
0.404		A - f the metition filling between the deleter to recover	<b>#05</b> 453 04
3.131	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$35,457.24
	OK HEALTH CARE ASSOCIATION	☐ Contingent	
	PREMIUM LOCK BOX	☐ Unliquidated	
	PO BOX 2038 Oklahoma City, OK 73101	☐ Disputed	
		Basis for the claim: _	
	Date(s) debt was incurred _	Is the claim subject to offset? ■ No □ Yes	
	Last 4 digits of account number _	is the claim subject to onset: — No	
3.132	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$100.00
	OK STATE DEPT OF HEALTH	☐ Contingent	
	ATTN FINANCIAL MGMT-RECEIPTING UNIT	☐ Unliquidated	
	PO BOX 268823	Disputed	
	Oklahoma City, OK 73126-8816		
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.133	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$1,016.94
	OKLAHOMA ASSOC OF HEALTH CARE	☐ Contingent	
	200 NE 28TH	☐ Unliquidated	
	Oklahoma City, OK 73105	Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.134	Nonpriority creditor's name and mailing address	As of the petition filling date, the claim is: Check all that apply.	\$4,335.00
	OKLAHOMA BLOOD INSTITUTE	☐ Contingent	
	DEPT 96 0115	☐ Unliquidated	
	Oklahoma City, OK 73196-0115	Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.135	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$140.00
	OKLAHOMA DEPT OF LABOR	☐ Contingent	*
	3017 N STILES SUITE 100	☐ Unliquidated	
	Oklahoma City, OK 73105	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
		is the claim subject to onset? — No	
3.136	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$9,122.00
	OKLAHOMA HOSPITAL ASSOCIATION	☐ Contingent	
	DEPT 96 0298	☐ Unliquidated	
	Oklahoma City, OK 73196-0298	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
	1	·	<b>A</b>
3.137	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$154.50
	OKLAHOMA LABOR LAW POSTER SERV	☐ Contingent	
	5830 NW EXPRESSWAY NO. 211	Unliquidated	
	Oklahoma City, OK 73132-5239	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No ☐ Yes	

Debtor		spital  Case number (if known)	
	Name		
3.138	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$958.75
	OKLAHOMA NATURAL GAS	☐ Contingent	
	ATTN DT O	☐ Unliquidated	
	PO BOX 401	☐ Disputed	
	Oklahoma City, OK 73101	·	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.139	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$225,213.88
	OLYMPUS AMERICA INC	☐ Contingent	
	3500 CORPORATE PARKWAY	☐ Unliquidated	
	Center Valley, PA 18034	☐ Disputed	
	Date(s) debt was incurred _	·	
		Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No ☐ Yes	
3.140	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$151,957.46
	OLYMPUS FINANCIAL SERVICE	☐ Contingent	
	PO BOX 200183	☐ Unliquidated	
	Pittsburgh, PA 15251-0183	☐ Disputed	
	Date(s) debt was incurred		
	Last 4 digits of account number	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.141	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$312.30
	OLYMPUS MEDICAL	☐ Contingent	*
	5900 FIRST SO	☐ Unliquidated	
	Seattle, WA 98108		
		Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No ☐ Yes	
3.142	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$2,314.00
	OPTIMUM ENERGY SOLUTIONS INC	☐ Contingent	
	PO BOX 23678	☐ Unliquidated	
	Oklahoma City, OK 73123	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
2 1 4 2	Nonpriority graditario name and mailing address	<u> </u>	£422.05
3.143	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$432.95
	OPTUM PO POY 19950	Contingent	
	PO BOX 88050	Unliquidated	
	Chicago, IL 60680-1050	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
		is the dain subject to diser? — No Li Tes	
3.144	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$912.71
	OPTUMINSIGHT	☐ Contingent	
	BOX 88227	☐ Unliquidated	
	Milwaukee, WI 53288-0227	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _		
		Is the claim subject to offset? ■ No □ Yes	

Debtor	7109	spital  Case number (if known)	
	Name		
3.145	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$3,831.78
	ORTHO CLINICAL DIAGNOSTIC	☐ Contingent	
	LOCK BOX 10	☐ Unliquidated	
	PO BOX 406663	☐ Disputed	
	Atlanta, GA 30384-6663	Basis for the claim:	
	Date(s) debt was incurred _	<del>-</del>	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.146	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$1,303.46
	OWENS & MINOR	☐ Contingent	
	PO BOX 841420	☐ Unliquidated	
	Dallas, TX 75284-1420	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
		is the claim subject to onset? — No	
3.147	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$42.48
	OZARKA WATER	☐ Contingent	
	217 NORTH HIGH STREET	☐ Unliquidated	
	Antlers, OK 74523	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
		is the daim subject to offset? — No	
3.148	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$444.99
	PACIFIC MEDICAL LLC	☐ Contingent	
	REPAIRS AND EQUIPMENT	☐ Unliquidated	
	32981 CALLE PERFACTO	☐ Disputed	
	San Juan Capistrano, CA 92675	Basis for the claim:	
	Date(s) debt was incurred _		
	Last 4 digits of account number _	Is the claim subject to offset? ■ No ☐ Yes	
3.149	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$213.89
	PAGE PLUS	☐ Contingent	
	10222 E 41ST STREET	☐ Unliquidated	
	Tulsa, OK 74146	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.150	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$175.00
3.130	PANSONIC NORTH AMERICA		\$173.00
	1300 MICHEAL DRIVE	Contingent	
	SUITE A	Unliquidated	
	Wood Dale, IL 60191	☐ Disputed	
	Date(s) debt was incurred	Basis for the claim: _	
	Last 4 digits of account number	Is the claim subject to offset? ■ No □ Yes	
2 151		As of the potition filing date the plaint in Co. 1 mm.	\$4 000 47
3.151	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$1,266.47
	PARTS SOURCE	Contingent	
	777 LENA DRIVE	Unliquidated	
	Aurora, OH 44202	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	

Debtor	Pushmataha County - City of Antlers Hosp Authority		
	Name		
3.152	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$2,010.00
	PENDERGRAPH SYSTEMS INC.	☐ Contingent	
	6916 E 12TH STREET	☐ Unliquidated	
	Tulsa, OK 74112	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _		
		Is the claim subject to offset? ■ No ☐ Yes	
3.153	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$2,725.35
	PHYSICIAN SALES & SERVICES	☐ Contingent	·
	3125 N GREAT SOUTHWEST PARKWAY	☐ Unliquidated	
	SUITE 200	☐ Disputed	
	Grand Prairie, TX 75050		
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No ☐ Yes	
3.154	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$483.83
	PRECISION DYNAMICS CORP	☐ Contingent	· · · · · · · · · · · · · · · · · · ·
	4193 SOLUTIONS CENTER	☐ Unliquidated	
	CHICAGO, IL 60677-4001	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	_	
		Is the claim subject to offset? ■ No □ Yes	
3.155	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$458.21
	PRUETT'S CUT RATE PHARMACY	☐ Contingent	
	906 E MAIN STREET	☐ Unliquidated	
	ANTLERS, OK 74523	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.156	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$4,881.89
	PRUETT'S FOOD STORE	☐ Contingent	<del>+ 1,001100</del>
	1002 E MAIN	☐ Unliquidated	
	Antlers, OK 74523	☐ Disputed	
	Date(s) debt was incurred		
	Last 4 digits of account number	Basis for the claim: _	
	_	Is the claim subject to offset? ■ No ☐ Yes	
3.157	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$139,679.68
	PTR HEALTHCARE MANAGEMENT	☐ Contingent	
	SOLUTIONS, LLC	☐ Unliquidated	
	261 WEST HWY 3	☐ Disputed	
	Atoka, OK 74525	Basis for the claim:	
	Date(s) debt was incurred _		
	Last 4 digits of account number _	Is the claim subject to offset? ■ No ☐ Yes	
3.158	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$11,989.88
	PUBLIC SERVICE COMPANY OF	☐ Contingent	
	OKLAHOMA	☐ Unliquidated	
	PO BOX 24421	☐ Disputed	
	Canton, OH 44701-4421	Basis for the claim:	
	Date(s) debt was incurred _	<del>-</del>	
	Last 4 digits of account number	Is the claim subject to offset? ■ No □ Yes	

Debtor		pital  Case number (if known)	
	Name		
3.159	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$240.00
	PUSHMATAHA COUNTY CHAMBER OF	☐ Contingent	
	COMMERCE	☐ Unliquidated	
	PO BOX 25	☐ Disputed	
	Atoka, OK 74525		
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No ☐ Yes	
3.160	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$100.00
	PUSHMATAHA COUNTY HEALTH DEPT	☐ Contingent	· · · · · · · · · · · · · · · · · · ·
	318 WEST MAIN STREET	☐ Unliquidated	
	Antlers, OK 74523		
		☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.161	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$18.40
	PUSHMATAHA FAMILY MEDICAL	☐ Contingent	
	1020 LAWSON BLVD	☐ Unliquidated	
	Clayton, OK 74536	☐ Disputed	
	Date(s) debt was incurred _	·	
	<del>-</del>	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.162	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$264.71
	PUSHMATAHA HOSPITAL	☐ Contingent	<b>V20</b> 1
	510 E MAIN STREET		
	Antlers, OK 74523	Unliquidated	
		☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.163	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$12,000.00
	QUALITY RX CONSULTING	☐ Contingent	
	PO BOX 1184	☐ Unliquidated	
	Atoka, OK 74525	☐ Disputed	
	Date(s) debt was incurred	·	
	Last 4 digits of account number	Basis for the claim: _	
		Is the claim subject to offset? ■ No ☐ Yes	
3.164	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$1,073.43
	RELIANT MEDICAL SERVICES	☐ Contingent	
	2620 W 15TH COURT	☐ Unliquidated	
	Pompano Beach, FL 33069	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number	_	
		Is the claim subject to offset? ■ No □ Yes	
3.165	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$1,408.00
	RESOURCE ONE	☐ Contingent	· •
	PO BOX 4830	☐ Unliquidated	
	Tulsa, OK 74159-4830	☐ Disputed	
	Date(s) debt was incurred		
	Last 4 digits of account number	Basis for the claim: _	
		Is the claim subject to offset? ■ No ☐ Yes	

Debtor		vital  Case number (if known)	
0.455	Name		<b>*.=</b> -
3.166	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$150.00
	RICHIE BLEVINS	Contingent	
	PO BOX 556	Unliquidated	
	Antlers, OK 74523	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.167	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$1,464,415.03
	ROWLAND FLATT CLINIC	☐ Contingent	
	603 NE 2ND STREET	☐ Unliquidated	
	Antlers, OK 74523	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _		
		Is the claim subject to offset? ■ No ☐ Yes	
3.168	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$748.14
	SHRED IT	☐ Contingent	
	PO BOX 731238	☐ Unliquidated	
	Dallas, TX 75373-1238	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim:	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.169	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$5,955.64
	SIMPLEX GRINNELL LP	☐ Contingent	Ψ0,000.0-1
	DEPT CH 10320	☐ Unliquidated	
	Palatine, IL 60055-0320	☐ Disputed	
	Date(s) debt was incurred		
	Last 4 digits of account number	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No ☐ Yes	
3.170	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$1,886.00
	SMITH MEDICAL EQUIPMENT INC	Contingent	
	2014 HIDDEN PARK ROAD	Unliquidated	
	FORT SMITH, AR 72916	☐ Disputed	
	Date(s) debt was incurred _ Last 4 digits of account number	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No ☐ Yes	
3.171	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$270,000.00
	SOUTHEASTERN EMERGENCY SERVICE	☐ Contingent	
	1201 E JACKSON	☐ Unliquidated	
	Hugo, OK 74743	☐ Disputed	
	Date(s) debt was incurred _	Basis for the claim: _	
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes	
3.172	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$1,800.00
	SOUTHWEST TEST & BALANCE	☐ Contingent	, ,
	200 NW 132ND STREET	☐ Unliquidated	
	Oklahoma City, OK 73114	☐ Disputed	
	Date(s) debt was incurred	•	
	Last 4 digits of account number	Basis for the claim: _	
	East - aigits of account number _	Is the claim subject to offset? ■ No □ Yes	

Debtor	Pushmataha County - City of Antlers Hospital Authority  Case number (if known)				
	Name				
	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$1,388.89		
	SPECTRON CORPORATION	☐ Contingent			
	FOX PLAZA SUITE 650	☐ Unliquidated			
	5416 SOUTH YALE Tulsa, OK 74135-6244	☐ Disputed			
	Date(s) debt was incurred	Basis for the claim: _			
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes			
3.174	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$1,241.00		
	SSM HEALTHCARE OF OKLAHOMA INC	☐ Contingent			
	7106 SOLUTION CENTER	☐ Unliquidated			
	Chicago, IL 60677-7001	☐ Disputed			
	Date(s) debt was incurred _	Basis for the claim:			
	Last 4 digits of account number				
		Is the claim subject to offset? ■ No ☐ Yes			
3.175	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$175.00		
	STAMPER PERRIN PLLC	☐ Contingent	· · · · · · · · · · · · · · · · · · ·		
	PO BOX 100	☐ Unliquidated			
	Antlers, OK 74523	☐ Disputed			
	Date(s) debt was incurred _	Basis for the claim:			
	Last 4 digits of account number _	<del>-</del>			
		Is the claim subject to offset? ■ No ☐ Yes			
3.176	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$1,136.58		
	STAPLES ADVANTAGE	☐ Contingent			
	PO BOX 71217	☐ Unliquidated			
	Chicago, IL 60694-1217	☐ Disputed			
	Date(s) debt was incurred _	Basis for the claim:			
	Last 4 digits of account number _				
		Is the claim subject to offset? ■ No ☐ Yes			
3.177	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$4,623.03		
	STERICYCLE INC	☐ Contingent			
	PO BOX 6575	☐ Unliquidated			
	Carol Stream, IL 60197-6575	☐ Disputed			
	Date(s) debt was incurred _	Basis for the claim: _			
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes			
	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$250.96		
	STRYKER ENDOSCOPY SUPPLIES	☐ Contingent			
	STRYKER SALES CORPORATION	☐ Unliquidated			
	PO BOX 93276	☐ Disputed			
	Chicago, IL 60673	Basis for the claim: _			
	Date(s) debt was incurred _				
	Last 4 digits of account number _	Is the claim subject to offset? ■ No ☐ Yes			
3.179	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$132.07		
	TEXASIA CORPORATION	☐ Contingent			
	PO BOX 1443	☐ Unliquidated			
	Atoka, OK 74525	☐ Disputed			
	Date(s) debt was incurred _	Basis for the claim:			
	Last 4 digits of account number _	_			
		Is the claim subject to offset? ■ No □ Yes			

Debtor	Pushmataha County - City of Antlers Hospital Authority  Case number (if known)				
	Name				
3.180	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$430.90		
	THE AUTO PARTS STORE	☐ Contingent			
	118 EAST MAIN	☐ Unliquidated			
	ANTLERS, OK 74523	Disputed			
	Date(s) debt was incurred _	Basis for the claim:			
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes			
3.181	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$1,216.80		
	THE DALLAS MARKETING GROUP	☐ Contingent	<del>* 1,= 10100</del>		
	12221 MERIT DRIVE	☐ Unliquidated			
	SUITE 850	☐ Disputed			
	Dallas, TX 75251	·			
	Date(s) debt was incurred _	Basis for the claim: _			
	Last 4 digits of account number _	Is the claim subject to offset? ■ No ☐ Yes			
3.182	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$726.00		
	THE HARTFORD	☐ Contingent			
	PO BOX 660916	☐ Unliquidated			
	Dallas, TX 75266-0916	☐ Disputed			
	Date(s) debt was incurred _	Basis for the claim:			
	Last 4 digits of account number _	_			
		Is the claim subject to offset? ■ No ☐ Yes			
3.183	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$325.00		
	THE PHONE SPECIALIST	☐ Contingent			
	24084 NCR 3387	☐ Unliquidated			
	Stratford, OK 74872	☐ Disputed			
	Date(s) debt was incurred _	Basis for the claim:			
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes			
		is the claim subject to onset? — No			
3.184	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$335.70		
	TIPPS ELECTRICAL SERVICES	Contingent			
	PO BOX 237	Unliquidated			
	Antlers, OK 74523	☐ Disputed			
	Date(s) debt was incurred _	Basis for the claim: _			
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes			
3.185	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$221.35		
	TOUCHSTONE COMMUNICATIONS	☐ Contingent			
	PO BOX 27772	☐ Unliquidated			
	Newark, NJ 07101-7772	☐ Disputed			
	Date(s) debt was incurred _	Basis for the claim: _			
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes			
3.186	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$9,430.29		
0.100	TRANE US INC	Contingent	ψυ,+υυ.23		
	PO BOX 845053	☐ Unliquidated			
	Dallas, TX 75284-5053	☐ Disputed			
	Date(s) debt was incurred	·			
	Last 4 digits of account number	Basis for the claim:			
		Is the claim subject to offset? ■ No □ Yes			

Debtor	Pushmataha County - City of Antlers Hospital Authority  Case number (if known)				
3.187	Name  Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$95.00		
	UNIVERSAL LICENSING SE	☐ Contingent	*******		
	4401 A CONNETICUT AVE NW	_			
	NO 232	Unliquidated			
	Washington, DC 20008-2358	☐ Disputed			
	Date(s) debt was incurred _	Basis for the claim: _			
	Last 4 digits of account number _	Is the claim subject to offset? ■ No ☐ Yes			
3.188	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$96.38		
	UPS	☐ Contingent			
	SYNTER RESOURCE GROUP LLC	☐ Unliquidated			
	PO BOX 63247				
	North Charleston, SC 29419-3247	☐ Disputed			
		Basis for the claim: _			
	Date(s) debt was incurred _ Last 4 digits of account number	Is the claim subject to offset? ■ No □ Yes			
2 100		As of the notition filling date the plain in Charlett that and	£0.47.20		
3.189	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$947.29		
	US ENDOSCOPY	Contingent			
	5976 HEISLEY ROAD	☐ Unliquidated			
	Mentor, OH 44060	☐ Disputed			
	Date(s) debt was incurred _	Basis for the claim:			
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes			
		is the dain subject to diset: — No — res			
3.190	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$15,315.59		
	US FOODSERVICE	☐ Contingent			
	OKLAHOMA DIVISION	☐ Unliquidated			
	PO BOX 973118	☐ Disputed			
	Dallas, TX 75397-3118	☐ Disputed			
	Date(s) debt was incurred	Basis for the claim: _			
	Last 4 digits of account number _	Is the claim subject to offset? ■ No □ Yes			
3.191	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$538.74		
	WELLS FARGO FINANCIAL LEASING	Contingent	<del></del>		
	PO BOX 6434	☐ Unliquidated			
	Carol Stream, IL 60197-6434				
	Date(s) debt was incurred	☐ Disputed			
	Last 4 digits of account number	Basis for the claim:			
		Is the claim subject to offset? ■ No ☐ Yes			
3.192	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$24,463.27		
	WERFEN USA LLC	☐ Contingent			
	PO BOX 347934	□ Unliquidated			
	Pittsburgh, PA 15251-4934	Disputed			
	Date(s) debt was incurred	·			
	Last 4 digits of account number	Basis for the claim: _			
		Is the claim subject to offset? ■ No ☐ Yes			
3.193	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	\$6,003.34		
3	WINDSTREAM COMMUNICATIONS	☐ Contingent	·		
	PO BOX 9001950	☐ Unliquidated			
	Louisville, KY 40290-1950	☐ Disputed			
	Date(s) debt was incurred				
	Last 4 digits of account number	Basis for the claim:			
		Is the claim subject to offset? ■ No □ Yes			

Debto	Pushmataha County - City of Antlers Hos  Authority  Name	pital  Case number (if known)					
3.194	Nonpriority creditor's name and mailing address	As of the petition fil	ing date.	the claim is: Check all that apply.	\$247.66		
	ZEP MANUFACTURING COMPANY		☐ Contingent ☐ Unliquidated				
	PO BOX 841508						
	Dallas, TX 75284-1508	☐ Disputed					
	Date(s) debt was incurred _						
	Last 4 digits of account number	Basis for the claim:	Basis for the claim: _				
	Is the claim subject to			■ No □ Yes			
Part 3	List Others to Be Notified About Unsecured Cla	aims					
	n alphabetical order any others who must be notified for connees of claims listed above, and attorneys for unsecured credit		<b>d 2.</b> Exam	ples of entities that may be listed a	are collection agencies,		
If no	others need to be notified for the debts listed in Parts 1 a	nd 2, do not fill out or sub	mit this p	page. If additional pages are nee	ded, copy the next page.		
	Name and mailing address			ich line in Part1 or Part 2 is the I creditor (if any) listed?	Last 4 digits of account number, if any		
4.1	<b>ELI SARFATY</b>				•		
	1 NORTH SHERRI LANE		Line _	3.2	_		
	Wesley Hills, NY 10977			lot listed. Explain			
4.2	JASON MCCART						
	101 PARK AVENUE		Line _	3.88_	_		
	SUITE 1010			<del></del>	_		
	Oklahoma City, OK 73102			lot listed. Explain			
4.3	JASON MCCART						
	101 PARK AVENUE		Line _	3.99_	_		
	SUITE 1010			let listed Evaluin			
	Oklahoma City, OK 73102			lot listed. Explain			
4.4	MARK R REENTS - SPECTRON CORP			2.472			
	5416 S YALE AVE		Line _	<u>3.173                                   </u>	_		
	SUITE 600			lot listed. Explain			
	Tulsa, OK 74135						
4.5	REBECCA J PRICE						
	515 HAMILTON STREET		Line _	<u>3.139                                   </u>	_		
	SUITE 502			let listed Evaluin			
	Allentown, PA 18101			lot listed. Explain			
Part 4	Total Amounts of the Priority and Nonpriority U	Jnsecured Claims					
5. Add	the amounts of priority and nonpriority unsecured claims.						
F. T.	tal alaima fram Part 1			Total of claim amounts	0.00		
	tal claims from Part 1		5a.	\$	0.00		
5D. 10	tal claims from Part 2		5b.	+ \$ 3,690,	907.66		
5c. To	tal of Parts 1 and 2						
	nes 5a + 5h - 5c		5c.	\$ 3,69	00,907.66		

## **United States Bankruptcy Court** Eastern District of Oklahoma

Case No.

In re Pushmataha County - City of Antlers Hospital Authority

		Debtor(s)	Chapter	9		
VERIFICATION OF CREDITOR MATRIX						
	nairman, Pushmataha County-City of Antlernat the attached list of creditors is true and co	-	•	debtor in this case, hereby		
Date:	September 23, 2016	/s/ David Smith  David Smith/Chairman, Push Authority Signer/Title	mataha County-0	City of Antlers Hosp.		

ADMINISTRATIVE CONSULTANT SERVICES LLC PO BOX 3368 Shawnee, OK 74802

ADVANCED MOLECULAR DIAGNOSTICS 535 EAST CRESENT AVENUE Ramsey, NJ 07446

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ALBERT C WITT JR 5275 LAWRENCE 1225 Ash Grove, MO 65604

ALERE NORTH AMERICA INC PO BOX 846153 Boston, MA 02284-6153

ALL PHASE BUSINESS INC 1920 E GLADWICK STREET RANCHO DOMINQUEZ, CA 90220

ALLIANCE COMMUNICATION PO BOX 9090 Tyler, TX 75711

ALLIANCE HEALTH 1800 W UNIVERSITY BLVD Durant, OK 74701

ALLSTATE CANCER ACCIDENT PO BOX 650514 Dallas, TX 75265

AMANDA BREWER 575 E BLACKJACK Atoka, OK 74525

AMBU INC PO BOX 64118 Baltimore, MD 21264-4118

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AMERICAN HOSPITAL ASSOCIATION PO BOX 92247 CHICAGO, IL 60675

AMN HEALTHCARE INC FILE 56157 Los Angeles, CA 90074 ANESTHESIA SERVICES INC 1821 N CLASSEN BLVD SUITE 100 Oklahoma City, OK 73106

ANTHEM BLUE CROSS PO BOX 70000 Van Nuys, CA 91470

ANTLERS AMERICA PO BOX 578 Antlers, OK 74523

ANTLERS HARDWARE 103 N HIGH ST Antlers, OK 74523

ANTLERS PHARMACY PO BOX 487 Antlers, OK 74523

ANTLERS PUBLIC WORKS 100 S E 2ND STREET Antlers, OK 74523

ANTLERS ROOF AND TRUST CO 1010 N E 5TH STREET Antlers, OK 74523

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AT&T PO BOX 5001 Carol Stream, IL 60197

AT&T PO BOX 105068 Atlanta, GA 30348

AT&T
PO BOX 5001
Carol Stream, IL 60197

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Chicago, IL 60673-1250

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STERICYCLE INC PO BOX 6575 Carol Stream, IL 60197-6575

STRYKER ENDOSCOPY SUPPLIES STRYKER SALES CORPORATION PO BOX 93276 Chicago, IL 60673

TEXASIA CORPORATION PO BOX 1443 Atoka, OK 74525

THE AUTO PARTS STORE 118 EAST MAIN ANTLERS, OK 74523

THE DALLAS MARKETING GROUP 12221 MERIT DRIVE SUITE 850 Dallas, TX 75251

THE HARTFORD PO BOX 660916 Dallas, TX 75266-0916

THE PHONE SPECIALIST 24084 NCR 3387 Stratford, OK 74872

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UPS
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PO BOX 63247
North Charleston, SC 29419-3247

US ENDOSCOPY 5976 HEISLEY ROAD Mentor, OH 44060

US FOODSERVICE OKLAHOMA DIVISION PO BOX 973118 Dallas, TX 75397-3118

USDA

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WERFEN USA LLC PO BOX 347934 Pittsburgh, PA 15251-4934

WINDSTREAM COMMUNICATIONS PO BOX 9001950 Louisville, KY 40290-1950

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